

EXHIBIT A

Articles of Organization

Form **LLC-5.5**
January 2000

Jesse White
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 359, Howlett Building
Springfield, IL 62756
<http://www.sos.state.il.us>

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

Illinois
Limited Liability Company Act
Articles of Organization

SUBMIT IN DUPLICATE
Must be typewritten

This space for use by Secretary of State

Date _____
Assigned File # _____
Filing Fee \$400.00
Approved: _____

This space for use by
Secretary of State

COPY
FOR YOUR FILES

1. Limited Liability Company Name: Ascendtel, LLC

(The LLC name must contain the words limited liability company, L.L.C. or LLC and cannot contain the terms corporation, corp., incorporated, inc., ltd., co., limited partnership, or L.P.)

2. If transacting business under an assumed name, complete and attach Form LLC-1.20.

3. The address of its principal place of business: (Post office box alone and c/o are unacceptable.)

524 - 15th Street

Moline IL 61265

4. The Articles of Organization are effective on: (Check one)

a) X the filing date, or b) _____ another date later than but not more than 60 days subsequent to the filing date: _____
(month, day, year)

5. The registered agent's name and registered office address is:

Registered agent:

Kristina
First Name

D.
Middle Initial

Harris
Last Name

Registered Office:

(P.O. Box and
c/o are unacceptable)

524
Number

15th Street
Street

Suite #

Moline
City

61265
ZIP Code

Rock Island
County

6. Purpose or purposes for which the LLC is organized: Include the business code # (IRS Form 1065).

(If not sufficient space to cover this point, add one or more sheets of this size.)

"The transaction of any or all lawful business for which limited liability companies may be organized under this Act."

7. The latest date, if any, upon which the company is to dissolve April 1, 2101
(month, day, year)

Any other events of dissolution enumerated on an attachment. (Optional)

N/A

LLC-4.5

LLC-5.5

8. Other provisions for the regulation of the internal affairs of the LLC per Section 5-5 (a) (8) included as attachment
If yes, state the provisions(s) from the ILLCA. ☐ Yes ☒ No

9. a) Management is by manager(s): ☐ Yes ☒ No
If yes, list names and business addresses.


b) Management is vested in the member(s): ☒ Yes ☐ No
If yes, list names and addresses.

Kristina D. Harris
524 - 15th Street
Moline IL 61265

10. I affirm, under penalties of perjury, having authority to sign hereto, that these articles of organization are to the best of my knowledge and belief, true, correct and complete.

Dated March 14, 2001
(Month/Day) (Year)

Signature(s) and Name(s) of Organizer(s)

1. 
Signature
Kristina D. Harris
(Type or print name and title)
N/A
(Name if a corporation or other entity)

2. _____
Signature

(Type or print name and title)

(Name if a corporation or other entity)

3. _____
Signature

(Type or print name and title)

(Name if a corporation or other entity)

Business Address(es)

1. 524 - 15th Street
Number Street
Moline IL 61265
City/Town

State ZIP Code

2. _____
Number Street

City/Town

State ZIP Code

3. _____
Number Street

City/Town

State ZIP Code

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)